

Healthy Communities:

The Process



**A guide for volunteers, community leaders, elected officials and health professionals
who want to build healthy communities**

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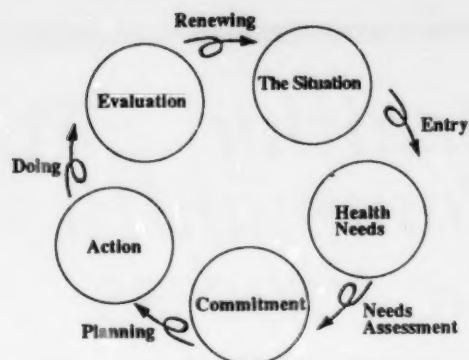
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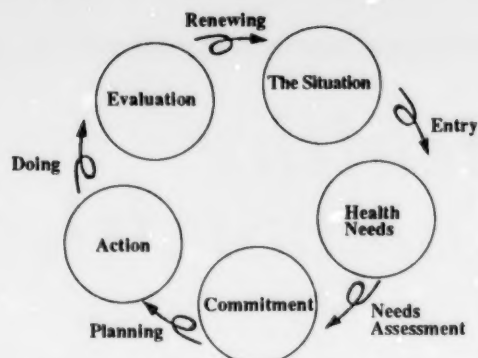
Healthy Communities: the Process



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Healthy Communities: the Process



NOW WHY WOULD A
GOVERNMENT MINISTRY
TALK ABOUT HEALTHY
COMMUNITIES?

- **BECAUSE HEALTH NEEDS
ARE CHANGING**

During this century, we have made tremendous progress in eradicating communicable diseases and other sources of illness. Today the barriers that prevent us from experiencing vibrant health are often a result of our own lifestyle.

- **COMMUNITIES MAKE A
DIFFERENCE**

Most of us already have the knowledge to enhance our own health. But knowing does not always translate into doing. Enhancing our health may require lifestyle changes, habit changes, and that is difficult. It is easier to do the things that make us feel good if we are supported by those around us – our community.

- **THE PURPOSE OF THIS
BOOKLET**

This booklet describes a process by which communities can define their own health needs and discover their own ways to promote optimum health.

The concept of "community" can be interpreted in many ways. The "community" for whom this booklet is intended can take various forms - a school, neighbourhood, worksite, club, apartment complexes, retirement village, municipality, regional district, etc. Regardless of the characteristics of your community, you may find this process helpful in achieving broadly-based participation in, and commitment to health enhancements.

A vision of health...

HEALTH MAY BE DESCRIBED IN MANY WAYS:

- *THE ABILITY TO ACHIEVE ONE'S POTENTIAL AND TO RESPOND POSITIVELY TO THE CHALLENGES OF THE ENVIRONMENT;*
- *A POSITIVE CONCEPT EMPHASIZING SOCIAL AND PERSONAL RESOURCES AS WELL AS PHYSICAL CAPACITIES; A RESOURCE FOR EVERYDAY LIFE;*
- *A STATE OF COMPLETE PHYSICAL, MENTAL AND SOCIAL WELL-BEING;*
- *THE EXTENT TO WHICH AN INDIVIDUAL OR GROUP IS ABLE, ON ONE HAND, TO SATISFY NEEDS AND REALIZE ASPIRATIONS; AND, ON THE OTHER HAND, TO CHANGE OR COPE WITH THE ENVIRONMENT.*

Viewed this way, health is not considered only in terms of absence of illness. Health is a force in our daily lives, influenced by life circumstances, beliefs, actions, culture, and social, economic and physical environments.

Health depends on individual self-care and the prevention and treatment of health problems. But health also depends on nurturing social support systems and changing or adapting our surroundings. Health involves individuals, families, friends, schools, volunteer organizations, businesses, governments etc.: in short, health involves the community.

In British Columbia, we have moved beyond simply promoting what individuals can do for themselves, to considering what each of us can do for and with others – as municipal politicians, school trustees, health professionals, employers, union leaders, teachers, parents, volunteers, family and friends.

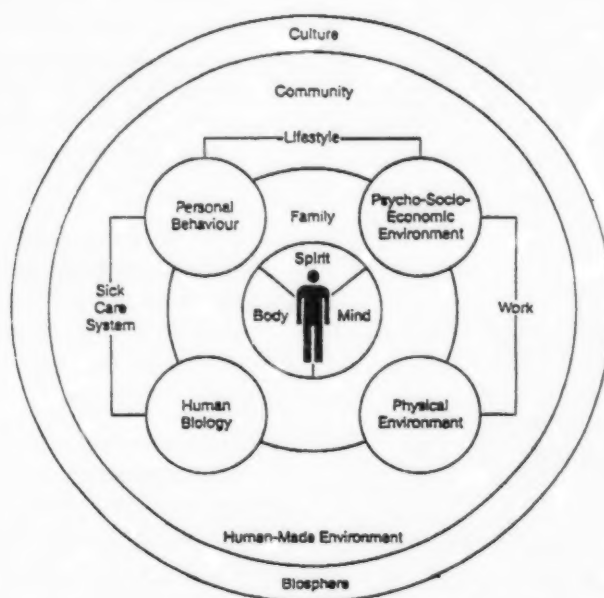
One approach for promoting health is concrete and effective community action through public participation in setting priorities, making decisions, and planning and implementing strategies to promote health.

This community action is a progressive, change-oriented process to assist citizens to better identify, appreciate, control and choose health promoting options for themselves and their communities.

The community process draws on resources in a community to enhance self-care, mutual aid, and broad-based citizen involvement in their own community's health.

THE MANDALA OF HEALTH

A model of the Human Ecosystem



From Trevor Hancock and Fran Perkins:
"The Mandala of Health: a conceptual model and teaching tool,"
in *Health Education*, summer, 1985.

Healthy Communities: the Process



OVERVIEW OF THE PROCESS

PHASE OF THE PROCESS	FOCUS OF ATTENTION	MAJOR TASKS DURING THIS PHASE
• ENTRY PHASE	• The existing situation	• Learn about the environment within which the process will happen. • Introduce yourself into that environment.
• NEEDS ASSESSMENT PHASE	• Health Needs • Public Acceptance	• Gather facts and opinions about community health needs. • Learn what skills and resources already exist. • Have key individuals and the public accept that health needs are significant. • Gain commitment to action
• PLANNING PHASE	• How to respond to health needs	• Explore and choose methods of responding to the health needs. • Acquire necessary resources.
• DOING PHASE	• Community action	• Implement plans.
• RENEWAL PHASE	• Evaluation/Rejuvenation	• Evaluate what worked, what didn't. • Determine what has been learned. • Foster self-renewal of those involved. • Re-examine the existing situation.

THE COMMUNITY PROCESS IS BASED ON VALUES AND EXPERIENCE

The process described in this booklet is based on the experience of people who have learned what works and what doesn't work in their own communities. Each step in the process has been identified as one which contributes to the ability to make a difference to people's behavior.

The community process has inherent in it some basic beliefs and values:

• BELIEFS ABOUT HEALTH:

- Health is more than "absence of disease." It is a state of physical, mental and social well-being.
- Health is a positive concept emphasizing social and personal resources as well as physical capacities.
- Health is not an end in itself, but a resource for every day living.

• BELIEFS ABOUT COMMUNITIES:

- All communities have strengths; all communities have problems.
- Communities have within them the ability to solve their own problems and achieve their own dreams.

• BELIEFS ABOUT THE COMMUNITY PROCESS:

- Nothing happens in a vacuum. Any community process must accommodate the context in which it takes place.
- The community process is based on participation by all those affected at each stage of the process.
- The community process promotes individual and community health by encouraging people to identify their own needs, set priorities, plan for their future, and take responsibility for their own well-being.
- The community process fosters a supportive, nurturing environment.

Although this booklet was prepared primarily for use by volunteers, community leaders, elected board members and health professionals who want to promote healthy communities, the process is applicable for any group of people who want to make a difference in their community.

The Entry Phase



WHAT TO DO BEFORE YOU DO ANYTHING

Lay the Groundwork

WHEN YOU'RE CONCERNED ABOUT SOMETHING AS IMPORTANT AS THE HEALTH OF BRITISH COLUMBIA CITIZENS, IT'S TEMPTING TO WANT TO DO SOMETHING - ANYTHING - NOW.

STOP.

You want your efforts to make a difference, right? But if you jump right into an activity or program, your chances of success are not high.

Excellent programs often flounder because:

- They are not accepted by the people they're intended to serve.
- They don't get the resources they need to continue.
- They may not address the community's most important health issues.
- They may not be effective interventions.

These programs were not bad ideas. The problem was lack of groundwork. To ensure that your efforts are successful - that programs are accepted, used and supported - requires three kinds of groundwork:

- **Learn about the situation** in which you'll

be working: the environment, the issues, the people; introduce yourself to the situation;

- **Find out about health needs** - facts, opinions and resources;
- **Get public acceptance** that the health needs are real and important, and that something should be done.

This groundwork ensures beforehand that there is a chance of success. Then you can start planning your strategy.

For action-oriented people, these groundwork steps may seem like a waste of time. They are not. Experience shows that a critical difference between programs that succeed and those that fail is the preliminary groundwork.

Successful community programs start with the groundwork.

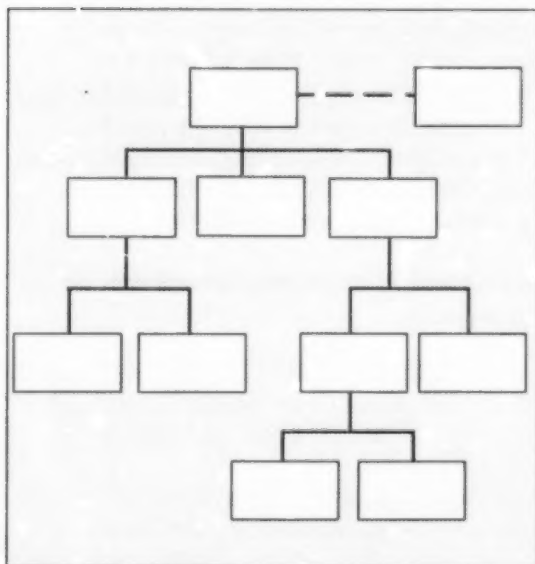
Get to Know Your Structure

A GOOD PLACE TO START LEARNING ABOUT THE ENVIRONMENT IS TO CHECK OUT THE ORGANIZATION YOU'RE PART OF:

- **THE STRUCTURE:**

Learn about the workings of your organization at both local and central office levels:

- Who does what? Who has authority for policy, program, finance, personnel, public relations, evaluation?
- What services or programs are offered by each part of the organization? What are their roles and responsibilities?
- How does each part fit into the total organization?



- **THE PAST HISTORY:**

There's no such thing as starting with a clean slate in a community program. The past affects the present.

- In a new program, the way the program is introduced will affect how it is allowed to operate.
- In an on-going program, past successes and failures, past conflicts and alliances, will affect today's credibility.
- How people feel about the structure is as important as what the structure is.
- People's perceptions and opinions of the program will determine what the community allows the program to accomplish.

You'll also want to check out other systems in the community:

- What systems have or might have direct contact with health programs (e.g. municipal administration, other agencies, school system, etc.)
- what services do they provide?
- what is their structure? who are the key people?
- what past relationship have they had with health programs?
- What other systems have an impact on the community?

Learn the Community Environment

LEARN AS MUCH AS YOU CAN ABOUT THE ENVIRONMENT IN WHICH YOU WANT TO MAKE A DIFFERENCE. LOOK FOR:

- **PHYSICAL CHARACTERISTICS**
 - Is the community scattered or compact? flat or hilly? any visible barriers (e.g. river, railroad tracks, main highway)? Does the layout of the community affect or reflect the community's social structure?
 - Where do people live? single dwelling? multi-family? high rise? old? new? Does the type of housing suggest health needs?
 - What does the business district look like? many kinds of businesses? few? a single business area? several areas? well-kept? run-down?
 - What kinds of facilities can be seen? schools? churches? arenas? swimming pools? parks? theatres? bars? where do people gather?
 - Does the community's physical appearance suggest anything about health needs?
- **POPULATION**
 - What is the proportion of age groups? Many senior citizens? families with children? young singles?
 - Is the population increasing rapidly? gradually? Is it decreasing?
 - Is the population stable or mobile? "Old" and "New" communities?
- Are there significant sub-communities (e.g. one-industry employees, one large religious group, a significant ethnic or racial group)?
- Does the population composition suggest health needs?
- **ECONOMY**
 - What is the community's economy based on? Mixed or one-industry?
 - Is the community prosperous? depressed?
 - Is there a shortage of labor? a surplus?
 - Does the community have an adequate tax base to provide services?
 - What impact might the economy have on the community's health?
- **POWER STRUCTURE**
 - Who are the most powerful and influential people in the community?
 - How do they react to social and health concerns? to change?
 - How can they best be approached?
 - What are the communication channels: who talks to whom about what?
 - How might the power structure help or hinder responses to health issues?

Introduce Yourself to the Situation

*WHILE YOU'VE BEEN GATHERING
IMPRESSIONS OF THE HEALTH SYSTEM
AND THE COMMUNITY, THEY HAVE ALSO
BEEN GATHERING IMPRESSIONS OF YOU!*

Past connections affect the present. Which of these situations are you in?

- **Clean slate - no prior relationships** – nothing can be taken for granted. Norms, values, customs, need to be learned. A new person can unwittingly offend. On the other hand, there is no past history to overcome. There may be a “honeymoon” period.
- **Re-establishing a good relationship** – a strong base from which to start, but don’t take it for granted. Do other people still value the former relationship? Might it lead to erroneous expectations about the present situation?
- **Re-establishing an uncertain relationship** – It may be very difficult to make a fresh start. It is probably unwise to begin again until the problems of the old relationship are resolved, and new expectations instilled.
- **Re-defining an existing relationship**– Do others accept you in your new role? Are you comfortable enough in it so you don’t slip back into “old role” behavior?

Since change occurs in the context of relationships, a task during the **ENTRY** phase is to establish the basis for relationships. You may start new relationships with people, or work in new ways with people you have known for a long time.



You'll want to cultivate the relationships within which community change is possible.

Barriers and Rewards

Barriers you may encounter during the Entry phase:

- **Resistance:** group members sometimes resist gathering preliminary information, because they “already know” all about the environment. If they can thoroughly answer all the questions in the preceding pages, the ENTRY phase may already have been completed.
- **Impatience:** sometimes groups want to “get on with concrete action” before they explore their environment. Gathering information is a concrete action which will improve the chances that later actions will be successful.

Rewards: several tasks are accomplished during the Entry phase:

- You’ve gathered preliminary impressions about the environment in which you want to make a difference — the community history, geography, population, economy, and politics; health-related organizations; the issues people are talking about.
- You’ve established the basis for future working relationships.
- You’ll avoid “re-inventing the wheel” when you begin planning community action.

These tasks will improve the odds of successful community programs that are appropriate for community norms and customs, and accepted by the people they are intended to serve.



DID YOU NOTICE THE CURLY ARROWS?

The little arrows indicate movement from one community action step to another, and from one community action phase to another.

More important, each little arrow — which goes in a circle and then takes off again — represents the pause between steps to permit:

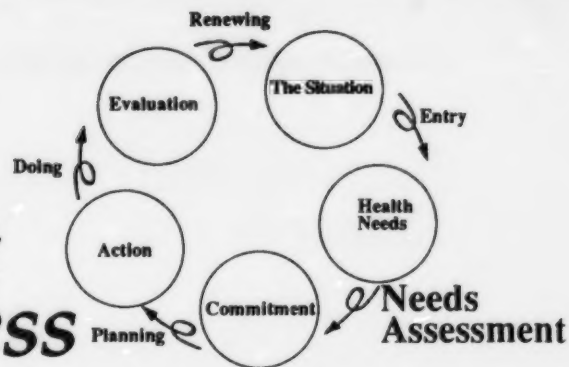
- Evaluation • Planning
- Decision • Action

After each move a community group makes, stop and look at the results:

- Did we get the job done?
- Where are we now?
- What worked? What didn't? Why?
- What next?

Evaluate each step, decide the goal for the next step, plan a program for achieving the goal, and finally act. At each stage, go through this evaluation process.

The Needs Assessment Phase of the Process



A NEED IS...

- A PROBLEM OR BARRIER THAT MAKES PEOPLE OR COMMUNITIES LESS HEALTHY THAN THEY COULD BE;
- A SITUATION THAT CAUSES PRESSURE, OR INTERFERES WITH OPTIMUM HEALTH.

For example:

During the **Need Assessment** phase, a health-promoting group will be working simultaneously on two tasks:

- to gather many perceptions of health needs – facts, opinions, and resources;
- to gain public acceptance that health needs are real and that they matter;
- to determine community priorities and gain commitment.

During the entry phase of the community action process, awareness of some health problem or need has probably emerged. A common mistake is to jump from “awareness of need” to “solving the problem” without taking the necessary steps to better assess what the need really is, and to gain public acceptance that something should be done.

“The new plant will cause pressure on our waste disposal system.”

“Many hospital admissions result from alcohol-related illnesses.”

“Their organization seems to provide similar services to ours, but we’re not talking to them.”

Sometimes we think we’re talking about a need, but we’re really talking about a solution. For example:

“We need a new waste disposal system.”

“We need an alcohol treatment program.”

“We need a co-ordinating council.”

These are solutions. In the early stages of the community action process, solutions are premature. You might ask, “If this is the answer, what was the question?” That question will help to get at what the need is.

Somebody Initiates Action

THE FIRST PEOPLE TO DECIDE "YES, THERE IS A PROBLEM" AND "SOMETHING SHOULD BE DONE" BECOME THE INITIATORS

Who becomes aware of a need?

- It might be an **INSIDER**...
Quite often there may be a feeling on the part of people within a community or health system that a problem exists and that it is important enough for them to try to get something done about it.
- It might be an **OUTSIDER**...
Sometimes there is some kind of force totally outside the community or health system that tries to get action started on a problem inside the system.

They each have advantages and disadvantages:

- **INSIDERS** know the system, speak the language, understand the norms, can identify with the system's needs, and are familiar with, and therefore, possibly less threatening to those in the system. However, insiders may lack perspective, may not have special knowledge or skills related to the need, may have no power base, and may have to live down past failures.

- **OUTSIDERS** can start fresh, are in a position to have perspective, may bring special skills, can offer genuinely new ideas, and are independent of the power structure. On the other hand, outsiders lack the insiders' knowledge about the system, may antagonize insiders by daring to comment on their system, and may not care enough about the system.

THE INITIATORS:



They are the people who decide the problem or need is important enough to do something about it. They are willing to initiate action.

Approval Before You Go Public

THERE ARE CERTAIN INDIVIDUALS WHOSE ACCEPTANCE OF PROPOSED PROJECTS IS NECESSARY TO MAKE THINGS "LEGITIMATE."

THE LEGITIMIZERS



Legitimizers have a reputation for doing things that are good for the community. Legitimizers do not always have a formal role. They are "opinion leaders" whose ideas are respected by others.

The initiators take the need or problem to the legitimizers and ask them to pass judgment on it. The legitimizers give sanction that the need exists, and that it is worth doing something about.

The ultimate legitimizers of any idea are the people themselves, but before the idea gets to them, it is wise to obtain the "stamp of approval" from key people or groups. To by-pass this step usually spells failure.

THE DIFFUSION SET

After an idea has been "legitimized," it is ready to be moved on to the diffusion stage.

Remember that, to this point, a few initiators have talked about the need, and four or five key people or groups – the legitimizers – have "okayed" the need.

Both the initiators and the legitimizers have defined it as a need worthy of action. Now we are ready to see if the general public will define the need.



The diffusion set takes the need or idea to the public. Careful consideration should be given to selecting the diffusion set. How people feel about the diffuser will affect how they feel about the need. The "idea people" or initiators may not necessarily be the best people to convince others that a problem exists. Diffusers should be good salesmen. The diffusion set should be recognized by the public as action leaders.

Get the Facts About Health Needs

ONCE LEGITIMIZERS HAVE GIVEN THEIR STAMP OF APPROVAL THAT THE PROBLEM MATTERS, AND EVEN WHILE DIFFUSERS ARE TELLING THE PUBLIC THAT A PROBLEM EXISTS, A COMMUNITY ACTION GROUP CAN BE LEARNING MORE ABOUT THE NATURE OF THE NEED OR PROBLEM.

WHAT TO FIND OUT:

- What do we already know?
What information has already be gathered?
- Who has the problem? What kind of people?
What age? What sex? Where do they live?
How do they spend their time? What's important to them? Under what circumstances do they have the problem?
- What interferes with their optimum health and well-being? What values? What attitudes? What habits? What environment? What stressors? What cultural norms?
- What promotes their optimum health and well-being? What support? What values? What attitudes? What habits? What environment? What community norms?

WHERE TO GET INFORMATION:

- Statistical information about the health of people in North American, or Canada, or British Columbia. may indicate patterns that could apply to your community setting. However, you'll also find it useful to gather—
- Information about your specific community. Basically, you ask people about their health and the forces that affect it. You can ask them informally, through conversations and observations; or formally, through survey techniques.

A powerful technique: involve people in gathering information about themselves. When they help to gather and compile information, they are more likely to be committed to doing something about what the information tells them.

Get Community Opinions About Health Needs

AS YOUR GROUP LEARNS MORE ABOUT HEALTH FACTS AND OPINIONS IN YOUR COMMUNITY, YOU'LL BEGIN TO GET IDEAS ABOUT WHICH ISSUES TO TACKLE FIRST.

WHY FIND OUT COMMUNITY OPINIONS?

- Community interest in health issues is a major factor that can influence people's behavior – how willing are people to be responsible for their own health, and for the health of others?
- Community people may have a specific health concern they would like to work on.

Finding out community opinion will help you understand what you're dealing with, and will assist your action group to plan strategies. You'll want to know..

- How interested are community people in health issues?
- Do community people have any specific health concerns?

HOW DO YOU FIND OUT COMMUNITY OPINIONS? BY ASKING PEOPLE!

People who have the problem, people who might be able to help, community leaders, interested citizens. You can "ask people" in casual, informal ways:

- Each member of your group could agree to have a conversation with four people before the next meeting.
- The group could identify ten key individuals, and decide who will talk to each of those people before the next meeting.

...or you can "ask people" by using more formal methods of gathering public opinion:

- a telephone survey;
- a mailout survey;
- interviews of randomly selected residents

Before you start you also need to know...

What Resources Are Available?

AS YOU'RE GATHERING FACTS AND OPINIONS ABOUT HEALTH NEEDS IN THE COMMUNITY, YOU WILL ALSO WANT TO LEARN WHAT RESOURCES, SERVICES, FACILITIES, MATERIALS, PROGRAMS AND FUNDING ARE AVAILABLE TO THE COMMUNITY.

WHO IS ALREADY DOING SOMETHING TO PROMOTE HEALTH IN OUR COMMUNITY?

- service clubs?
- other government agencies?
- volunteer organizations?
- alcohol and drug programs?
- recreation departments?
- workplace health programs?
- mental health services?
- police safety campaigns?
- local media?
- hospitals?
- municipal government?
- schools?

What are they doing? How is it going? Which strategies are effective? Could we collaborate? What existing materials, programs and facilities are available through:

- existing health unit programs?
- libraries?
- volunteer organizations?
- Ministry of Health central office?
- other community agencies?
- other government bodies?

Are these programs effective? Can we use them? What financial resources might be available from:

- community organizations?
- other agencies?
- charitable foundations?
- government bodies?

You might be amazed at how much is available.

Choose A Priority

While your group has been talking to people gathering information, and finding out who else is interested in promoting health, you've been generating public interest and becoming better informed. You're already making a difference.

Now you're ready to choose a priority.

GIVEN:

- the facts about health needs in your community;
- community opinion about health issues;
- the resources – time, existing programs, people, money etc.

WHAT WILL BE THE GROUP'S PRIORITY ISSUE?

WHAT HEALTH ISSUE?

- fitness?
- stress?
- supportive relationships?
- nutrition?
- substance abuse?
- the environment?

WHAT TARGET GROUP(S)?

- children?
- teens?
- people in the workplace?
- parents?
- men? women?
- retired people?

HINT: WHEN IN DOUBT, START WITH WHAT'S MOST LIKELY TO SUCCEED.

- Start with issues in which the community is most interested. People are more willing to get involved in something they care about. Later, they may be receptive to getting involved in other issues too.
- Start with issues for which there are already community resources. You can capitalize on existing programs, services and public education campaigns to amplify the impact of your activities.

"Starting easy" is not a cop-out. Once you have earned a track record of community credibility and support, you can tackle more difficult issues.

Get Acceptance and Commitment

A COMMITMENT TO ACTION IS ONE OF THE MOST IMPORTANT STEPS IN THE COMMUNITY PROCESS

ACCEPTANCE OF THE NEED

Your information confirms that the health need exists, and you've chosen a priority. However, nothing will happen unless other people accept this priority. First, get the priority legitimized. Then begin to diffuse information so the public accepts the priority as their own.

"The Public" varies for different projects. For some issues, the "public" is the entire community. For an issue that is internal to an organization or system, the "public" may be only the people in that system. For an issue that relates to a specific sub-group within the community (e.g. senior citizens, mothers of young children), the "public" may be that sub-group—though it may be the whole community, too.

The task at this stage is to gain widespread acceptance among the appropriate public that the need matters to them, and that it is important to do something about it.

Several techniques can be used to get large numbers of people to see a problem and identify it as one of their own:

- Basic education
- Exploiting a crisis
- Program development
- Demonstrations or trials
- Survey or questionnaire
- Building on past experience
- Comparison and competition
- Channeling gripes

COMMITMENT TO ACTION

Quite often, people appear to accept an idea and to recognize a need, but they're not motivated enough to act. It's easy to get them to say, "This is a problem," but when it comes to giving time, money and resources to solve a problem, that's something else.

We can't assume, just because people agree there is a problem, that they will act. We must also get from them a commitment to do something.

It might be:

- to give a vote of confidence;
- to act at a specific time;
- to attend meetings;
- to join a committee;
- to pledge money;
- to participate in the program.

Barriers and Rewards

By now, you've accomplished a lot:

In the ENTRY phase you:

- learned about the community environment;
- introduced yourself or your group as an agent of positive change.

In the NEED ASSESSMENT phase you have:

- identified health issues;
- gained "legitimization" to work on health issues;
- gathered information about health needs: facts, opinions, resources;
- chosen a priority issue to tackle;
- increased public awareness of the issue;
- obtained from some people a commitment to act.

During this process, you may have encountered a few barriers:

- information might be hard to find, uncertain, or inconclusive;
- "Legitimizers" may not have given sanction to the process;
- the process may have taken longer than you expected;
- few people would commit themselves to action.

ADVICE: Don't proceed further in the process until you've completed the Needs Assessment steps: that is, until you've gathered the information needed and you've gained sanction and commitment.

Without adequate information, without preliminary sanction and commitment, the chances of success are slim. If you start and then are blocked, not only will you waste time and energy, and feel discouraged, but you may actually do damage to the community by blocking the process for several years.

Rewards of the Need Assessment phase:

- a clearer picture of the needs and issues;
- paving the way for support;
- beginning to generate community awareness;
- improving the odds of success.

The Planning Phase



At Last!

You Can Plan Your Response to the Priority Health Need

SOME PEOPLE THINK THE COMMUNITY PROCESS STARTS HERE. IT DOESN'T. MUCH GROUNDWORK HAS BEEN DONE BY THE TIME A COMMUNITY GROUP IS READY TO PLAN SPECIFIC STRATEGIES.

WHO SHOULD BE INVOLVED IN PLANNING?

- People who represent the target group, to keep you realistic, relevant, and respectful of their strengths;
- People who can help. If they're part of the planning they're more likely to be committed to helping the plans materialize; they'll also have a realistic idea of what they can contribute.
- People who are interested; people with influence. The more people who help to plan your approach, the more likely the community will be committed to the program.

THE PLANNING PHASE HAS THREE TASKS:

1. Develop an initial plan, including:
 - STATEMENT OF NEED; background about your health priority;
 - BASIC VALUES on which your plans are based;
 - OVER-ALL GOAL of your plans;
 - TARGET GROUP you want to reach;
 - OBJECTIVES: the desired behavior change or awareness you want to achieve;
 - ROLES, TASKS, TIMELINES to carry out the plan;
 - EVALUATION plans;
 - BUDGET and other resource requirements, and how you'll get them.
2. Review the plan with relevant individuals and groups.
3. Finalize the plans, based on what happened during the review stage.

Community representatives should be involved in all these tasks.

Develop Goals and Objectives

A "pre-planning" step for those involved in planning is to talk about their basic values, and re-affirm commitment to the philosophy that will be expressed through whatever action is taken.

While making plans, the group should check that goals, objectives, roles and activities are consistent with "health-promoting" values, beliefs and insights.

Having confirmed its value base, a community group should remind itself of the information – the facts, opinions and resources – it has learned. Then it can begin planning how to address the health issues. For example...

Health issue:

Smoking is known to correlate to health problems. 37% of our adult population are smokers; 63% are non-smokers.

Objective:

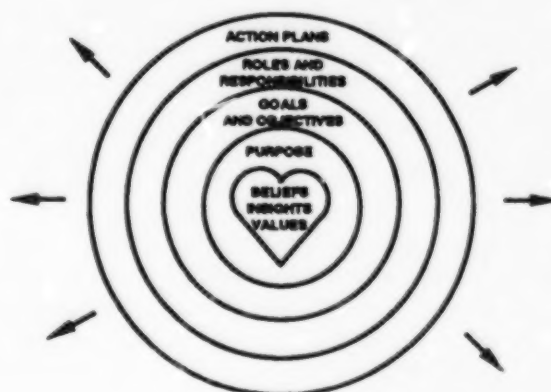
- increase proportion of non-smokers to 70%

Target group:

- smokers;
- smokers friends;
- age group making decisions about smoking

Strategies:

- policy changes; reduce areas where smoking is allowed;
- workplace programs to help smokers stop;
- smokers' support group
- reinforce non-smoking behavior



Health issue:

People over 65 make greater use of health services and are more likely to report health problems. We know aging need not mean limited physical health. Diet, exercise and positive mental attitudes promote a state of well-being at any age.

Objective:

- increase the proportion of people over 60 who are in vibrant good health.

Target group:

- people 55 and over
- retired and pre-retired people

Strategies:

- incorporate "health" sessions into pre-retirement seminars
- work with seniors' groups to plan health promoting activities for seniors

Work Out the Details

HAVING SET OUT YOUR GOALS AND STRATEGIES, YOU CAN WORK OUT THE LOGISTICS OF HOW, WITH THE COMMUNITY, YOU'LL CARRY OUT THE STRATEGIES OR OBJECTIVES, AND ACHIEVE YOUR GOALS.

The plans should include:

- **Tasks and Timelines:**
Who will do what by when? Who is responsible to whom for what?
- **Resource Plan:**
What materials, facilities and funds will be needed? How will we get the resources we need?
- **Evaluation Plan:**
How will we know whether the plans are carried out? Whether we are within our resource limits? How will we know whether we accomplished our goal?

When your plan is complete, write it down and review it with other people:

- **Legitimizers** – they should know what you plan to do before you go public;
- **People with the need** – ask them “Will this work for you?”;
- **People who can help** to see if your estimates are accurate;
- **People who are interested** or who are also working on the need, to see if you can co-operate in your efforts.

Revise the plan, based on the reactions you encountered when you reviewed the plan with others.

The Doing Phase



Carry Out Your Plans

DURING THE PLANNING, YOUR COMMUNITY GROUP FIGURED OUT WHAT RESOURCES WERE NEEDED AND HOW TO GET THEM. NOW IT'S TIME TO CALL IN THE COMMITMENTS PEOPLE MADE, TO MOBILIZE RESOURCES SO THE PLAN CAN BE CARRIED OUT.

The community group will find and organize:

- the time;
- the materials and equipment;
- the people;
- the physical facilities;
- the money;
- and whatever else you need.

If people have been involved along the way, they are more likely to be willing to help find and organize the resources.

If you've done a good job of the groundwork, if the program is in tune with the community and people are committed to it, somehow the necessary resources usually materialize.

A general operating principle: if your community group doesn't get the support you need when you need it, that means you missed a step in the process.

LAUNCH THE PROGRAM:

Some programs lend themselves to a public kick-off, some public event that tells people we are now into the action stages of the project. It could be:

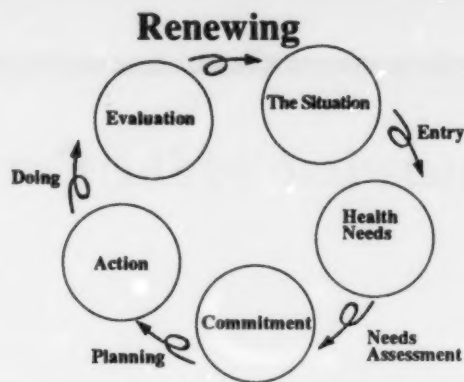
- a fund drive;
- an advertising campaign;
- a series of tours;
- a telephone call network;
- a big kick-off dinner;
- a series of news releases.

Some programs do not lend themselves to a sky-rocket type of launching. A low-key gentle start-up may work better.

CARRY OUT THE PLAN:

Whether or not there is a big launching, once the program is started just follow through with your plans, evaluating at each step of the way.

The Renewal Phase



BETWEEN EACH OF THE ACTION STEPS IN THE COMMUNITY PROCESS, THE GROUP HAS STOPPED TO EVALUATE WHAT IT HAS DONE, THE NEXT IMMEDIATE OBJECTIVE, AND ALTERNATIVE METHODS FOR REACHING THE OBJECTIVE.

Eventually the group gets to the point of a WRAP-UP EVALUATION, in which the group asks:

- Did we accomplish our goal?
- Were our methods the best?
- Did we make good use of resources?
- What went right? why?
- What went wrong? why?
- What would we do differently?
- What experiences can we use in our next project?

An important task at this stage is follow-up and renewal:

- Follow-up support for the people and communities who have changed. We know that faltering sometimes occurs after the initial effort to change. Programs should build in on-going support and reinforcement for the target group or community.
- Self-renewal for those who are helping: Have we told the outcomes to those who

helped? Can we celebrate what we've accomplished? How can we thank all those who have helped? What fun experience could be build in, to "recharge our batteries?"

- Self-renewal of the project: Could we have a public event to celebrate our accomplishment? Have we integrated this project into its environment? Do we have a way to involve new people in its continued development?

Now the group is ready to examine the new existing situation:

- Where are we now?
- Where do we go from here?

The answers take the group back into the process.

Overview of the Process



A few summary points about the Community Process:

- The process is not all visible. The "doing" phase may be the only activity that is obvious to the public. But just because nothing is visible doesn't mean nothing is happening.
- The "invisible" parts of the process are crucial. Establishing rapport with the community, learning about the needs, and gaining acceptance, are the groundwork that generate successful community programs.
- The process is not guaranteed to complete itself. It could end at any step.
- The process is not smooth. Sometimes it's three steps forward and two steps back.

So why are we advocating such a messy process?

- Because it's consistent with the values of health promotion. The community process empowers individuals and communities to identify their own health issues, and decide what to do about them. The process gives communities control over their own destiny.

- Because it builds on the strengths of individuals and communities. The process can be carried out using the innate talents and resources of the community. It is not dependent on government or other external help.

- Because it works.

When to use the Community Process:
The process could be applied to:

- a total comprehensive community approach to promoting health;
- the way a health organization develops and carries out its activities and programs;
- a specific community project addressing one health issue;
- some aspect of a professional, board or volunteer role.